

MULTIPLE DEFENDANT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/551118

Corrected Copy

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 5 | 3 | | 1 | | | |
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| 7 | 1 | | 1 | | | |
| 8 | / | | / | | | |
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| 10 | 3 | | 1 | | | |
| 11 | 3 | | 1 | | | |
| 12 | 1 | | 5 | | | |
| 13 | / | | 1 | | | |
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| TOTAL IND. | 9 | | 5 | | | |
| TOTAL DEP. | 28 | ← | 29 | ← | | |
| TOTAL CLAIMS | 37 | | 33 | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |